



Donation or Reimbursement Documentation

Name: _____ Date: _____

Mailing address: _____

City, State, ZIP: _____

This is a request for reimbursement record of donation Other, explain below

Dollar amount: _____ *Please attach all receipts to this form*

Explanation of expense:

Signature of requester: _____

Treasurer's Action:

Reimbursement check # _____ written (date) _____

or

Donation recorded
acknowledgement sent by (name) _____ on (date) _____

Treasurer's Signature: _____ Date: _____